



Georgia Medicaid EDI Trading Partner Agreement and Enrollment Form for Billing Agents

The EDI Trading Partner Agreement and Enrollment Form is used to enroll Billing Agents to submit or receive electronic transactions on behalf of Georgia Medicaid/Peach Care for Kids Providers. Changes to existing EDI Enrollments should be submitted using the EDI Update Form located on the web portal under EDI>Documents and Forms. Do not use this form if already enrolled for EDI. Submit the completed Georgia Medicaid EDI Trading Partner Agreement and Enrollment Form for Billing Agents to:

ATTN: EDI Services Unit
P.O. Box 105201
Tucker, GA 30085-5201

*Section 1: Business Information (Required)

Business Name			
Business Street Address:	City	State	Zip Code
Medicaid Submitter ID:		Employer Identification Number (Tax ID):	

Section 2: Contact Information (Required fields indicated by asterisk*)

*Primary Contact Name	*Phone Number	Fax Number
	()	()
*Email Address		
Alternate Contact Name	Phone Number	Fax Number
	()	()
Email Address		

*Section 3: Submission Method (Required)

Please Select your method of transmission:	
<input type="checkbox"/> Web Portal-Batch X12 Uploads (20MB limit) <input type="checkbox"/> Secure File Transfer Protocol (SFTP) (50MB limit) <input type="checkbox"/> CD-ROM/Diskette/Tape (X12 Formats Only) <i>*Requires special approval from EDI Services Unit</i>	<input type="checkbox"/> Provider Electronic Solution (PES) LAN – High Speed Internet <input type="checkbox"/> Provider Electronic Solution(PES) Dialup-Remote Access Server
If you are using PES, do you need a free copy of PES sent via US mail?	
<input type="checkbox"/> Yes, please send me my free copy of PES to the address listed above. <input type="checkbox"/> No, I was able to download a copy of PES from the Web Portal under the EDI>Software and Manuals page at www.mmis.georgia.gov .	

Section 4: Important Delegation Information

If you are submitting or retrieving transactions on the behalf of providers/payees, please contact the Provider to ensure they have added you as their delegate to submit/retrieve electronic submissions on their behalf. No enrollment paperwork is needed for a Provider to add a delegate. Each Provider must access the Secure Web Portal Medicaid Enterprise User Provisioning System (MEUPS) in order to add agents to retrieve files on their behalf. Failure to add the agent (i.e. Clearinghouse, Billing Agent, and Software Vendor) will prevent these agents from downloading files on the providers' behalf. You will need to provide the Provider with your email address used to register your MEUPS Trading Partner Web Portal account, and your logon ID so that the Provider may add you as their delegate. Providers must logon to MEUPS by visiting www.mmis.georgia.gov. Once logged in they will select their MEUPS Account Management button and select "Add Agent" and search for the agent or trading partner's registered email address and Trading Partner Web Logon ID. Providers wishing to add agents are responsible for agreeing to the terms of agreement for adding delegates to bill services or retrieve files on their behalf.

*Section 5: Document Transaction Types (Required)

Please Indicate the X12 transaction types you wish to send and/or receive:

- | | |
|--|---|
| <input type="checkbox"/> 837P Professional Claims | <input type="checkbox"/> 820 Premium Payment |
| <input type="checkbox"/> 837P Professional Claims (Encounter) | <input type="checkbox"/> 834 Benefit Enrollment (Inbound/Outbound) |
| <input type="checkbox"/> 837I Institutional Claims | <input type="checkbox"/> 835 Electronic Remittance Advice (ERA) |
| <input type="checkbox"/> 837I Institutional Claims (Encounter) | <input type="checkbox"/> 270/271 Eligibility Request/Response |
| <input type="checkbox"/> 837D Dental Claims | <input type="checkbox"/> 270/271 Eligibility Request/Response (Real-time) |
| <input type="checkbox"/> 837D Dental Claims (Encounter) | <input type="checkbox"/> 276/277 Claim Status Request/Response |

*Section 6: Billing Agent Certification (Required)

The Billing Agent identified on this EDI Agreement understands and agrees to the following:

1. Any entity that submits claims to Medicaid on behalf of an enrolled Medicaid provider must be enrolled in the Medicaid program as a billing agent with an active trading partner number.
2. Claims must be paid in the name of the provider or provider group that renders the services, not in the name of the billing agent.
3. Payment for billing services must be made based upon an administrative fee per claim. Billing agents are prohibited from charging for their services based upon a percentage of the total dollar value of claims billed.
4. If a claim is rejected as inaccurately filed, it cannot be resubmitted unless there has been a change made to the claim for or the electronic submission itself.

Authorized Billing Agent Acknowledgement Statement

As an Authorized Billing Agent, I understand that I must safeguard the Medicaid program against abuse in the use of electronic submission. Billing Agents must correctly enter the claims data, monitor the data and certify that the data entered is correct as stated. Billing Agents must abide by all Federal and State statutes, rules, regulations and manuals governing the Georgia Medicaid Program.

*Billing Agent
Signature: _____

*Date: _____

(Original Signatures Only-No Copies)

INTERNAL AGENT USE ONLY	
Received By: _____	Receipt Date: _____



Date Mailed:

Incomplete EDI Enrollment Agreement Applications received by EDI Services will be returned to the provider if information is incomplete or if the provider is not actively enrolled in the Georgia Medicaid program.

To expedite the EDI enrollment process, please be sure your application is complete and please begin testing your EDI X12 transactions using our Ramp Manager online editing tool. Your file must pass our HIPAA edits to become active to send files via Production. Submitters not yet passed in Ramp Manager, will be enrolled in a Test mode until they have passed Ramp Manager testing (each transaction type that a submitter uses must show passed in Ramp Manager).

- Ramp Manager can be accessed by visiting the following web portal link <https://sites.edifecs.com/?gamedicaid> . Registration is required and free in order to test 837 X12 transactions via Ramp Manager. Because there are new HIPAA compliant edits in place with the new HP Georgia Medicaid Management Information System, failure to test your transactions may result in the inability to send files successfully into our Production environment. No EDI testing is needed if using an actively enrolled Billing Agent, Software Vendor, or Clearinghouse.

Attention non-actively enrolled Medicaid Providers.

- Prior to enrolling in EDI services, please submit the Provider Enrollment Application to the Provider Enrollment dept. in order to become active in the Medicaid Program. Providers may also attach the EDI Agreement with the Provider Enrollment application if interested in sending or receiving EDI transactions. For questions regarding provider enrollment information, please contact the Provider Services Contact Center at 1-800-766-4456 and follow the prompts to be routed to the Provider Enrollment Unit.
- Once the Provider Enrollment application has been processed and approved, the provider is assigned a Medicaid Provider ID and if there was an EDI agreement attached to the Provider Application, the EDI agreement is forwarded by Provider Enrollment to the EDI services unit for EDI enrollment.
- EDI Services will notify submitters when the EDI paperwork is complete and (if approved) how to proceed with sending files using the Ramp Manager system (which is mandatory prior to being made Active in our Production Environment to submit claims electronically). Submitters can continue to submit via paper or via the Web Portal Direct Data Entry method until their EDI enrollment has been approved.